PTO/SB/06 (12-04)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 119,040 Substitute for Form PTO-875 OTHER THAN APPLICATION AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Cotumn 2) FOR NUMBER FILED NUMBER EXTRA RATE (S) FEE (S) RATE (\$) FEE (\$) BASIC FEE (37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(k), (Q, or (m)) **EXAMINATION FEE** (37 CFR 1.16(a), (p), or (d) TOTAL CLAIMS OR (37 CFR 1.18(I)) minus 20 = INDEPENDENT CLAIMS • minus 3 = (37 CFR 1.18(h)) If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each ÆE (37 CFR 1.18(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(I)) TOTAL TOTAL If the difference in column 1 is less than zero, enter "O" in column 2. APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY (Column 1) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE (S) ADOI-RATE (\$) TIONAL AFTER AMENDMENT PREVIOUSLY PAID FOR **EXTRA** TIONAL FEE (\$) FEE (\$) 40 ជា Total G7 CFR 1.16(1) Minus ×50 OR Minus 200 = ×100 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT RATE (\$) REMAINING NUMBER RATE (\$) ADDI-B PREVIOUSLY FYTRA TIONAL TIONAL AFTER ENT FEE (S) AMENDMEN FEE (\$) PAID FOR . Total (37 CFR 1,189)) Minus Q OR w ENDM Independent (37 CFR 1.166)) Minus Ŧ OR Application Size Fee (37 CFR 1.16(a)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I)) OR TOTAL ADD'L FEE TOTAL OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to IUSPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.